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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/522,600 TITLE OF INVENTION	01/26/2005 I: MEASURING HEAD		Takaaki Kanai		740107-182	3434
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE I	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	11/13/2006
EXAMINER		ART UNIT	CLASS-SUBCLASS			
GUADALUPE, YARITZA		2859	033-555100	,		
"Fee Address" indi PTO/SB/47; Rev 03-0 Number is required. 3. ASSIGNEE NAME AT PLEASE NOTE: Unk recordation as set forth (A) NAME OF ASSIG	ess an assignee is identif n in 37 CFR 3.11. Compl GNEE	Indication form d. Use of a Customer TO BE PRINTED ON To describe the delow, no assignee etion of this form is NO	(B) RESIDENCE: (CITY	3 registered patent a vely. e firm (having as a m gent) and the names meys or agents. If no printed. e) tent. If an assignee assignment. and STATE OR COU	nember a 2 of up to name is 3 is identified below, the de	d S. Safran
Please check the appropri		ategories (will not be pr		Individual 🚨 Corpo	oration or other private gro	up entity 🗖 Government
Substitute Pee No small entity discount permitted			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 502478 (enclose an extra copy of this form).			
	SMALL ENTITY status.	See 37 CFR 1.27.	☐ b. Applicant is no longe	er claiming SMALL	ENTITY status. See 37 CF	R 1 27(g)(2)
Authorized Signature	0 and 3	210 /	——————————————————————————————————————	Fra 22-1-1-1	ber 19, 2006	
Typed or printed name	David S.			Registration No.		-1-
submitting the completed a this form and/or suggestion Box 1450, Alexandria, Vir Alexandria, Virginia 22313	application form to the Uns for reducing this burde ginia 22313-1450. DO N 3-1450.	SPTO. Time will vary on should be sent to the OT SEND FEES OR CO	Chief Information Officer, OMPLETED FORMS TO	fual case. Any commutal Case. Any commutation of the U.S. Patent and Trace THIS ADDRESS. SE	ites to complete, including ents on the amount of time	gathering, preparing, and e you require to complete tment of Commerce, P.O. or Patents, P.O. Box 1450,

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